

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
FIELD OPERATIONS DIVISION NPDES STORMWATER PROGRAM**

NOTICE OF REGISTRATION (NOR)

**THIS FORM IS TO BE USED FOR ADEM ADMINISTRATIVE CODE CHAPTER 335-6-12 - NPDES CONSTRUCTION,
NONCOAL/NONMETALLIC MINING AND DRY PROCESSING LESS THAN FIVE ACRES, OTHER LAND
DISTURBANCE ACTIVITIES, AND AREAS ASSOCIATED WITH THESE ACTIVITIES**

PLEASE READ THE INSTRUCTIONS BEGINNING ON PAGE 3 OF THIS FORM CAREFULLY BEFORE COMPLETING. COMPLETE ALL QUESTIONS. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY ACCEPTANCE OF REGISTRATION. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. ATTACH CBMPP AND OTHER INFORMATION AS NEEDED. PLEASE TYPE OR PRINT LEGIBLY IN INK.

I. REGISTRANT INFORMATION Registration: ☐ Modification: ☐ Transfer: ☐ Re-Registration: ☐ AL _____

Registrant Name		Facility/Site Name		# of Years Coverage Requested:
Responsible Owner/Operator or Official, and Title			Site Contact and Title	
Mailing Address of Registrant			Site Street Address <u>or</u> Location Description	
City	State	Zip	City	State
Business Phone Number		Site Phone Number		Fax Number
Responsible Official (RO) Street/Physical Address			RO Phone Number	Email Address
(If applicable) Registered Agent Name, Address, & Phone Number				

II. LEGAL STRUCTURE OF REGISTRANT

<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Government Agency <input type="checkbox"/> Other _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If not an Individual or Single Proprietorship, registrant is properly registered and in good standing with the Alabama Secretary of State's office. If "No", please explain:

III. ACTIVITY DESCRIPTION & INFORMATION

County(s) _____ Township(s), Range(s), Section(s) _____	
Directions To Site _____	
Yes No Is/will this facility:	
(a) <input type="checkbox"/> <input type="checkbox"/>	an existing site which currently discharges to State waters?
(c) <input type="checkbox"/> <input type="checkbox"/>	a proposed site which will result in a discharge to State waters?
Yes No	
(b) <input type="checkbox"/> <input type="checkbox"/>	discharge to waters of or be located in the Coastal Zone?
(d) <input type="checkbox"/> <input type="checkbox"/>	be located on Indian/ historically significant lands?

IV. PROPOSED SCHEDULE - Used to determine potential registration duration & applicable fee amount, considering responses to Item VIII.

Anticipated Activity schedule: Commencement date: _____ Completion date: _____
Area of the Registered site: Total site area in acres: _____ Total disturbed area in acres: _____

V. VIOLATION HISTORY

Identify every Notice of Violation (NOV), Administrative Order, Directive, or Litigation filed by ADEM or EPA during the three year (36 months) period preceding the date on which this form is signed issued to the operator, owner, registrant, partner, parent corporation, subsidiary, LLP, or LLC Member. Indicate the date of issuance, briefly describe alleged violations, list actions (if any) to abate alleged violations, and indicate date of final resolution: _____

VI. MAP SUBMITTAL

<input type="checkbox"/> Yes <input type="checkbox"/> No A 7.5 minute series USGS topographic map(s) or equivalent map(s) is attached according to the instructions beginning on Page 3. If "No", explain:
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VII. PROPOSED ACTIVITY(S) TO BE CONDUCTED

If Non-Coal, Non-Metallic Mining, Recovery, or Construction Material Management Site: ☐ Dirt-Chert ☐ Sand-Gravel ☐ Shale-Clay
☐ Crushed-Dimension Stone ☐ Other _____ ☐ Other _____ ☐ Other _____
 Primary SIC Code _____ Brief Description Construction, Noncoal Mining, or Materials Management Activity: _____

VIII. RECEIVING WATERS

List name of receiving water(s), latitude & longitude (decimal or deg,min,sec) of location(s) that run-off enters the receiving water, total number of disturbed acres, the total number of drainage acres which will drain through each treatment system or BMP, and the waterbody classification. **If receiving water is designated as ONRW and/or Tier 1 waterbody, attach/submit copy of CBMPP.**

Receiving Water	Latitude	Longitude	Disturbed Acres	Drainage Acres	Waterbody Classification	ONRW Y or N	TIER 1 Y or N

IX. MODIFICATION & RE-REGISTRATION - CONTINUING EDUCATION & INSPECTION INFORMATION

☐ Yes ☐ No Required inspections/monitoring by QCP/QCI have been performed and records retained. **If “No”, explain:** _____

List name(s) and designation/certification #s of QCPs/QCIs that performed required inspections/monitoring: _____

X. QUALIFIED CREDENTIALLED PROFESSIONAL (QCP) CERTIFICATION

“I certify under penalty of law that a comprehensive Construction Best Management Practices Plan (CBMPP) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this site/activity, and associated regulated areas/activities, utilizing effective BMPs from the Alabama Handbook For Erosion Control, Sediment Control, And Stormwater Management On Construction Sites And Urban Areas, Alabama Soil and Water Conservation Committee, as amended (ASWCC). If the CBMPP is properly implemented and maintained by the registrant, discharges of pollutants in stormwater runoff can reasonably be expected to be effectively minimized to the maximum extent practicable according to the requirements of ADEM Administrative Code Chapter 335-6-12. The CBMPP describes the pollution abatement/prevention management and effective structural & nonstructural BMPs that must be fully implemented and regularly maintained as needed at the registered site in accordance with sound sediment and erosion practices to ensure the protection of water quality.”

QCP Designation/Description: _____

Address _____ Registration/Certification _____

Name and Title (type or print) _____ Phone Number _____ Ext. _____

Signature _____ Date Signed _____

XI. OPERATOR - RESPONSIBLE OFFICIAL SIGNATURE

Pursuant to ADEM Administrative Code Rule 335-6-6-.09, this NOR must be signed by a Responsible Official of the registrant who is the operator, owner, the sole proprietor of a sole proprietorship, a general/controller member or partner, a ranking elected official or other duly authorized representative for a unit of government; or an executive officer of at least the level of vice-president for a corporation, having overall responsibility and decision making for the site/activity. “I certify under penalty of law that this form, the CBMPP, and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the qualified credentialed professional (QCP) and other person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, correct, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I further certify that the proposed discharges described in this registration have been evaluated for the presence of any non-construction and/or coal/mineral mining stormwater, or process wastewaters have been fully identified.”

Name (type or print) _____ Official Title _____

Signature _____ Date Signed _____